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A	RIZONA STATE	BOARD OF HEAL	тн //.
1. PLACE OF BIRTH	BUREAU OF VITAL STATISTICS State File No. 400.		
Commer Dima		TIFICATE OF BIRTH	Registered No. 34
County 1mg	***************************************	State /7/1201	,
District or Township		,	
City	No. 7). (or Village 7/	
1 / 1/	(If birth or	curred in a hospital or instituti	ion, give its NAME instead of street and number)
2. Full name of child [] / / a m	Lsajoh	Thixton	If child is not yet remed and
3. Ser of Child To be answered ONLY	4. Twin, triplet or oth		{ If child is not yet named, make supplemental report, as directed.
in event of plural	}	1	7. Date 2 - 21 20
///a/e births.	5. No., in order of birti	<u>ues</u>	of birth \(\lambda \) \(\lam
8. PATHER		14,	MOTHER
Full name I saigh Thix	1	Full malden name	
A Dartt	FOD	[ora Lee Cobb
(Usual place of abode) /700	,	15 Residence (Usual place of abode)	1750
If non-resident, give place and state. // 7/17000		11	
10. Color or race		If non-resident, give	place and state. /7/120ng
White 11 Age go look	2 2	16 Color or race	
11. Age at last I	irthday 32 (Years)	White	17. Age at last birthday / (Years)
12. Birthplace (city or place) Suglu	ns of		
(State or country)		18. Birthplace (city or place)	
		(State or country)	Tenn
13. Occupation		19. Occupation	:
Nature of industry	ľ	Nature of industry	
L'OPPEY MINING		Housewit	$oldsymbol{arrho}{oldsymbol{e}}$
20. Number of children of this mother 2.	(a) Born alive ar	id now living 2	
(Taken as of time of birth of child herein certified and including this child.)	(b) Born alive b	it now dead X	21. Were precautions taken sgainst oph- thalmia neonatorum?
	(c) Stillborn		405
I hereby certify that I attended the birth of the	techild who 72	PHYSICIAN OR MIDWIF	E* , 45 O
* When there was no attending about 1	is cittle, with water [3]	Born alive or stillborn.)	t. H 23 Q.m. on the date above stated
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that nether between	Signature	MATE.	ues
child is one that neither breathes nor shows other evidence of life after birth.	(-
Given name added from	<u>U</u>		of second
a supplemental report	Address	U	(Physician or midwife).
Month, day, year	1	1	5 and ord
Registrar	Filed X 12Y	1 3 1929	John & Wood.
regultar		7	Registrar
•	439-	<i>V</i>	